

UTILITY PATENT APPLICATION TRANSMITTAL

ADDRESS TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

22390 U.S. PTO
10/729829
120503

Transmitted herewith for filing is the patent application of:

INVENTOR(S): Rino MICHELONI and Roberto RAVASIO

TITLE: *METHOD AND DEVICE FOR PROGRAMMING AN ELECTRICALLY PROGRAMMABLE NON-VOLATILE SEMICONDUCTOR MEMORY*

ASSIGNEE INFORMATION PURSUANT TO 37 C.F.R. 1.76

ASSIGNEE NAME: STMICROELECTRONICS S.r.l.
ASSIGNEE RESIDENCE: AGRATE BRIANZA, ITALY

In connection with this application, the following are enclosed:

XX Fee Transmittal Form
32 Pages of Specification, Claims and Abstract
12 Claims
6 Sheets of Drawings (FIGS. 1-6)
XX Unexecuted Declaration and Power of Attorney
XX Please direct all correspondence to **Customer Number 23334.**

Respectfully submitted,

FLEIT, KAIN, GIBBONS, GUTMAN,
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BY:


Jose Gutman
Reg. No. 35,171

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: : Atty Docket: 02-AG-381
Rino MICHELONI *et al.* : APPLICATIONS BRANCH
Serial No. (not yet assigned) :
Filed: HEREWITH :

For: **METHOD AND DEVICE FOR PROGRAMMING AN ELECTRICALLY PROGRAMMABLE NON-VOLATILE SEMICONDUCTOR MEMORY**

CERTIFICATE OF EXPRESS MAIL MAILING

"Express Mail" Mailing Label No. **EV343426876US**
Date of Deposit: **December 5, 2003**

Mail Stop Patent Application
Commissioner for Patents
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Alexandria, VA 22313-1450

SIR:

I hereby certify that

Application Transmittal
 Fee Transmittal Form
 Specification, Claims, Abstract
 1 set of 6 sheets of drawings
 Unexecuted Declaration and Power of Attorney
 Return postcard

are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to:

MS Patent Application
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P.O. Box 1450
Alexandria, VA 22313-1450

12/5/03
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Kathleen Schlosbom
Name of person mailing papers

Kathleen Schlosbom
Signature

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FEE TRANSMITTAL

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The fee has been calculated as shown below. (Small entity fees indicated in parentheses.)

For	Number Filed		Number Extra	Rate	Basic Fee
	Large	Small		Large (Small)	\$770 (\$385)
Total Claims	12	20	0	\$18 (\$9)	0
Independent Claims	2	3	0	\$86 (\$43)	0
Multiple Dependent Claims				\$290 (\$145)	0
Assignment Recording Fee				\$40	0
				TOTAL FEE:	\$ 770

The Commissioner is hereby authorized to charge Deposit Account No. _____ in the amount of \$_____.

The Commissioner is hereby authorized to charge payments of (1) any additional filing fees required under 37 CFR 1.16, and/or (2) any patent application processing fees under 37 CFR 1.17 associated with this application or credit any overpayment to Deposit Account No. _____.

Respectfully submitted,

BY:



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